

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-035192

STATE FILE NUMBER

Registration District No.

042

Primary Registration District No.

1000

Registrar's No.

1116

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

FILED SEP 23 1963

1. PLACE OF DEATH

a. COUNTY Buchanan

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN St. Joseph,

Length of stay in 1b
1 day

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION D.O.A. Mo. Meth. Hosp

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo b. COUNTY Buchanan

c. CITY OR TOWN Rushville,

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
XX Rt #2

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First Middle Last
Barney S Norris

4. DATE OF DEATH
Month Day Year
Sept. 14, 1963

5. SEX
Male

6. COLOR OR RACE
White

7. Married ☐ Never Married ☒
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
July 14, 1880

9. AGE (last birthday)
83
IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Re. Farmer

10b. KIND OF BUSINESS OR INDUSTRY
Farming

11. BIRTHPLACE (City and state or country)
Muskotah, Kansas

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Frank Norris

13b. MOTHER'S MAIDEN NAME

Masry Laster

14. NAME OF HUSBAND OR WIFE

none

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.

17. INFORMANT
Address
Anna Martlatt, Atchison Kansas

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Arteriosclerotic heart disease

INTERVAL BETWEEN ONSET AND DEATH

2 years

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

General Arteriosclerosis

years

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Fell face downward on floor

20c. TIME OF INJURY
Hour Month, Day, Year
2:00 p.m. Sept 14 1963

At his home in Halls MO

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
home

20f. CITY, TOWN, OR LOCATION
Halls

COUNTY Buchanan

STATE MO

21. I attended the deceased from
Death occurred at

Received body 2 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

and last saw him alive on Sept 14 1963

22a. SIGNATURE

(Degree or title) Doctor

S.E. Melaney M.D.

22b. ADDRESS

214 N. 1st St. St. Joseph 8, MO

22c. DATE SIGNED

Sept 18 1963

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

9/16/63

23c. NAME OF CEMETERY OR CREMATORY

Armstrong Cemetery

23d. LOCATION (City, town, or county)

Rushville, Mo

24. FUNERAL DIRECTOR

John C. Rupp

ADDRESS

St. Joseph, Mo

25. DATE RECD. BY LOCAL REG.

Sept. 20, 1963

26. REGISTRAR'S SIGNATURE

Mrs. Clark Randall

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

NOV 15 1963

2115
2110
0 0 - 4

Permit issued 9-16-63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

2110

by _____ Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

John E. Rupp

Licensed Embalmer No. *3986*

P. O. Address

St. Joseph, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.